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PRINTED: 09/16/2011

FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/14/2011
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, MURFREESBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 420 N UNIVERSITY ST MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments  An annual licensure survey and complaint investigations #26984, 27159, 27944, 27781, 28011, 28201, and 28402, were completed on September 12-14, 2011, at NHC Healthcare of Murfreesboro. No deficiencies were cited related to the complaint investigations under Chapter 1200-8-06 Standards for Nursing Homes.	N 000			
N 421	1200-8-6-.04(12) Administration  (12) Whenever the rules of this chapter require that a licensee develop a written policy, plan, procedure, technique, or system concerning a subject, the licensee shall develop the required policy, maintain it and adhere to its provision. A nursing home which violates a required policy also violates the rule establishing the requirement.  This Rule is not met as evidenced by: Based on a review of the facility waiting list and interview, the facility failed to ensure quarterly updates to the facility admission single waiting list were documented as completed.  The findings included:  Review of quarterly updates of the waiting list revealed no documentation quarterly updates to the waiting list were completed between February 2010, and March, 2011, for thirty-four names of the waiting list.  Interview with the Admissions Director on September 13, 2011, at 3:00 p.m., in the	N 421	N421  NHC Murfreesboro does have a policy for admissions to long-term care. The wait list will be updated and revised at least once each quarter to remove names of previous applicants who are no longer interested in admission to the Long-Term Care Facility. The Admission Coordinator was in-serviced on proper procedures and discussed with Social Service Rehab Director. Rehab director will monitor and conduct a QA study every quarter x3 quarters.	9/21/11	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

TITLE

Administrator

(X5) DATE

9/30/11

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If continuation sheet 1 of 2

2011-09-20 09:19

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N-421	Continued From page 1  Admissions Office, revealed when quarterly updates are completed, a new printout of the waiting list is printed, with the date of the updated documented with the specific date of the update and the current disposition of the resident names on the waiting list (whether or not they wish to remain on the list). Continued interview with the Admissions Director confirmed the quarterly updates between February 2010 and March 2011 were unavailable for review and could not be located.	N 421			